

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007939

AMENDED

Registration District No. 318

Primary Registration District 1003

Registrar's No. 2256

STATE FILE NUMBER

FILED MAR 7 1962

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI				Length of stay in 1b		c. CITY OR TOWN University City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7242 Colgate		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ELMER Middle L. Last DAAB				4. DATE OF DEATH Month FEBRUARY Day 25 Year 1962					
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct 11 1898		9. AGE (last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mfgs. Agent		10b. KIND OF BUSINESS OR INDUSTRY Bldg. Material		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Louis Daab				13b. MOTHER'S MAIDEN NAME Anna Brenne		14. NAME OF HUSBAND OR WIFE Lillian G. Daab			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT University City, (30) Mo. Mrs. Lillian G. Daab, 7242 Colgate			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OCCLUSION OF LEFT MIDDLE CEREBRAL ARTERY DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) 420.0 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS 7 YEARS					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from JUNE 22, 1952 to FEB. 25, 1962 and last saw her alive on FEB. 25, 1962 Death occurred at 6:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE C. R. Lupton, M. D.				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 2/25/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE Feb. 27, 1962		23c. NAME OF CEMETERY OR CREMATORY Smithton Cemetery		23d. LOCATION (City, town, or county) Smithton, Illinois		(State)	
24. FUNERAL DIRECTOR C.R. LUPTON & SONS, ST. LOUIS (30) MO.				25. DATE RECD. BY LOCAL REG. FEB 26 1962		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

03/25/2005 04:57

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(08) 7010 6187

SECRETARY OF DEFENSE

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.